

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001689

STATE FILE NUMBER

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

310

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

58 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Leavenworth

c. CITY OR TOWN

Leavenworth

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1204 S. Broadway

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Russell W. Goodjohn

4. DATE OF DEATH

Month

Day

Year

1 - 18 - 62

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-26-98

9. AGE (last birthday)

62 63

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President Sash & Door Co. Mfg.

10b. KIND OF BUSINESS OR INDUSTRY

Leavenworth, Mo.

11. BIRTHPLACE (City and state, or country)

U. S. A.

13a. FATHER'S NAME

William GOODJOHN

13b. MOTHER'S MAIDEN NAME

Emma -

14. NAME OF HUSBAND OR WIFE

Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes, W.W.I.

16. SOCIAL SECURITY NO.

17. INFORMANT

Elizabeth Goodjohn

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) UREMIA

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CA. BLADDER OBSTRUCTION

DUE TO (c)

OF URETERS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1940, to 1-18-62 and last saw her alive on 1-18-62

Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Irwin S. Brown MD

22b. ADDRESS

3301 W 68 St

22c. DATE SIGNED

1-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

JAN. 18, '62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Muncie Cem.

23d. LOCATION (City, town, or county)

LEAVENWORTH

(State)

KANSAS

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS 1331 BRUSH CB KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

1-18-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marcel E. Eckert

Licensed Embalmer No. 3035

P. O. Address E. C. Eckert

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.